



New York State Education Department

***SCHOOL HEALTH EXAMINATION GUIDELINES***

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The Regents of the University of the State of New York  
Office of School Innovation  
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[www.p12.nysed.gov/psc/](http://www.p12.nysed.gov/psc/)

# Foreword

*School Health Examination Guidelines* provides local educational agencies with information on obtaining student health certificates along with a framework for establishing the mandated health appraisal program. It explains the purpose of the health examination requirements. It provides guidance for developing effective procedures including planning, implementation of local policies, and follow-up. This document is intended for use by administrators and school health personnel.

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# I. General Information

## A. Introduction

A student's mental and physical health can contribute to, or inhibit, their ability to function satisfactorily in school. Administrators and school health personnel should have current and complete information on each student's health, along with any specific conditions which may interfere with the learning process. It is particularly important for schools to have this information prior to school entrance for students with significant medical concerns, fragile medical conditions, or social-emotional issues that require routine or emergent medical care by school personnel.

Ideally, the student's primary medical provider (a physician, nurse practitioner, or physician assistant) should perform the health examination. Knowledge of the student's family and home, previous illnesses, immunization status and other background factors assist in evaluating the total health status of the student. The primary medical provider is also in a position to institute any necessary therapeutic measures without delay. Schools should encourage parents/guardians to have their child examined by their primary medical provider and provide a copy of the written report of the findings and recommendations of that health examination to the school.

Since this is not always feasible, district medical directors - also known as the director of health services or medical officer - must be prepared to obtain a history and perform a physical examination as required by Education Law Article 19.

## B. Legislative Background

Education Law Article 19 and Regulations of the Commissioner of Education (8 NYCRR) require physical examinations of public school students:

- Entering the school district for the first time, and in grades pre-K or K, 2, 4, 7 and 10; and at any grade level by school administration, in their discretion to promote the educational interests of the student (8 NYCRR 136.3[b]);
- in order to participate in strenuous physical activity, such as interscholastic athletics (8 NYCRR §§135.4 and 136.3(a)(8));
- in order to obtain an employment certificate (Education Law §3217); and
- when conducting an individual evaluation or reevaluation of a student suspected of having a disability or a student with a disability (8 NYCRR §200.4 [b]).

Commissioner's Regulation 136.3 requires that each student submit a health certificate documenting a health examination performed by the student's primary medical provider. A health examination performed by the school medical director is a health appraisal. Each certificate or appraisal shall be signed by a duly licensed physician, physician assistant, or nurse practitioner, who is authorized by law to practice in the state of New

York (NYS) or in the jurisdiction in which the examination was given, provided that the commissioner has determined that such jurisdiction has standards of licensure comparable to those of New York. Article 131 Section 6526, lists out-of-state medical providers that are permitted to practice in the state without a NYS license, and therefore are able to perform a health examination and produce a health certificate to be submitted to NYS schools. (<http://www.op.nysed.gov/prof/med/article131.htm>)

### **C. Purpose of the Health Examination**

The health examination serves multiple purposes, whether it is provided by the student's primary medical provider or by the district medical director. Among the purposes are:

- To make an appropriate assessment of the student's current health status;
- To determine the student is free from contagion; and fit to attend and participate in all aspects of the school program;
- To indicate the need and extent to which the school program should be modified to benefit the student;
- To communicate to the parent/guardian any findings which require further investigation and treatment; and
- To provide an opportunity to counsel the student and the parents/guardians concerning:
  1. Any health issues or conditions detected.
  2. Securing appropriate care and supports in the school environment.

### **D. Health Certificates**

#### ***Examination performed by private medical provider***

A health certificate is the written document that is completed by a private medical provider following a complete history and physical examination. Each such certificate or appraisal shall describe the condition of the student when the examination was made, which shall not be more than twelve months prior to the commencement of the school year in which the examination is required, and shall state whether such student is in a fit condition of health to permit his or her attendance at the public schools (Education Law Article 19 §903). Ideally the documentation of such an exam should be completed on the form provided by the district to the parent/guardian. Private office or clinic forms are acceptable, as long as the district does not require the use of a district approved form, and they include all essential information as detailed in the sample form (See Appendix A). An increasing number of providers are using electronic records. Many also use electronic signatures, both of which may be accepted by a district if they choose to do so. Districts should inform parent/guardians of whether or not they will accept a private office or clinic form, an electronic form, or an electronic signature. Any time a school has a question regarding the authenticity of a health certificate, they should verify the validity of the submitted certificate with the provider.

Education Law Article 19 Section 903 requires public schools to request a dental health certificate at the same time a health certificate/appraisal is required. Schools are also required to provide parents, upon request, with a list of free or reduced cost local dentists, dental hygienists, and clinics that provide such service. Parents/guardians are encouraged, but not required, to submit a completed certificate of dental examination form signed by their dentist or registered dental hygienist to the school.

See the following for more information and copy of a sample form:

<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/>

## E. Notifications

Health certificates are required to be submitted within 30 days of the start of the school year (Education Law §903, 8 NYCRR §136.3 [c][1]). If the parent/guardian has not furnished a health certificate to the school within 30 days, then school officials must provide a written notification to the parent/guardian of the school's intent to provide a physical examination by health appraisal of their child at school by the district medical director as per Education Law §903(3)(a) and 8 NYCRR §136.3 (c)(1)(iii).

In accordance with Education Law §910 and Public Health Law §2540, parental consent is required for health services, treatment and remedial care<sup>1</sup> (*see Alfonso v. Fernandez*, 195 A.D.2d 46 (1993) (distribution of condoms to high school students is a health service for which parental consent is required) and *D.F. v. Bd. of Educ. of Syosset CSD*, 386 F. Supp.2d 119 (EDNY 2005) aff'd, 180 F.Appx 232 (2d Cir. 2006) *cert. denied*, 549 U.S. 1179 [2007] (psychological testing in the student disciplinary context is a health service for which parental consent is required)). However, as described above, Education Law §903 is an explicit statutory exception to the parental consent requirement and such consent is not required when the school is conducting an examination by health appraisal as required in Education Law §903 and 8 NYCRR §136.3(c) and (d) (*and see* 20 USC 1232h[c][4][B][ii] (federal statute relating to student surveys, analysis or evaluations contains exception that certain provisions do not apply to "any physical examination or screening that is permitted or required by an applicable State law, including physical examinations or screenings that are permitted without parental notification").

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<sup>1</sup> Districts may obtain passive parental consent for health services, treatment and remedial care by providing opt out letters to parents before the beginning of the school year (*see Alfonso v. Fernandez*, 195 A.D.2d 46 (1993) (finding that there was no statutory authority to allow condoms to be dispensed, the distribution of which is a health service, to unemancipated, minor students without the prior consent of their parents or guardians or an opt-out provision).

## **F. Components of the School Health Appraisal**

### ***Examination performed by the district medical director***

A school health appraisal is conducted at school by the district medical director and should include the following components for documentation on a health appraisal form, school electronic health record, or cumulative health record.

1. **Health History** – The majority of significant health problems are gleaned from a health history. The type of history is dependent on the reason why a physical examination is being performed, as well as previous histories available in the cumulative health record (CHR). Best practice is for the appropriate health history questionnaire to be completed by the parent/guardian prior to the physical examination. The Pre-Participation/Interval Athletic Health History Form (Appendix B) is recommended for use in conjunction with the Student Health Appraisal/Certificate Form (Appendix A.) The completed form should then be made available to the medical director for review at the time of the examination, and should become part of the student’s cumulative health record.
  - a. **School entrance health history** – is a comprehensive health history for new entrants which should include but is not limited to:
    1. Past history
      - (a) Developmental history
      - (b) Immunizations
      - (c) Childhood illnesses
      - (d) Significant accident or injuries
      - (e) Previous hospitalization
      - (f) Allergies
      - (g) Medications used
      - (h) Surgery
      - (i) Chronic illness
    2. Family history
      - (a) History of family disease
      - (b) Physical environment
    3. Current status
      - (a) Oral health
      - (b) Student’s health problems
      - (c) Psychosocial factors
      - (d) Serious of life threatening conditions
      - (e) Review of systems
      - (f) Related services provided per IEP or 504 plan

- b. **Interval health history** – An update of health and medical history since the last history/physical examination was completed. This can be accomplished by questionnaire, interview, or both. There are various types of interval histories and history questionnaires: e.g., the mandated interval athletic health history for sports participation, and locally determined interim grade level updates including changes in medical condition, or need for special accommodations.
  - c. **Comprehensive medical, developmental, and psychosocial history** – This in-depth history is taken when a student is referred to the Committee on Special Education, or is having academic or recurrent behavior problems.
2. **Screening procedures** –A BMI/WSC is required to be documented on the health appraisal or certificate. These additional evaluations should also be included as components of the health appraisal:
- a. Vision
  - b. Hearing
  - c. Scoliosis
  - d. Blood pressure
  - e. Any other locally determined screening

These screenings are conducted by the medical director, who may delegate them to school nursing personnel (Education Law, Article 19, § 905, (1).) Such delegation should be in written policy. The results are recorded on the student’s CHR prior to the physical examination.

3. **Observations of behavior and performance**  
 Observations (both formal and informal) should be shared with school health personnel and administration as appropriate or required. Significant information should be documented.

Observations that should be noted include but are not limited to:

- a. altered interpersonal relationships
- b. change in physical appearance
- c. change in academic performance
- d. acute illness
- e. altered social-emotional behaviors
- f. speech, language, or motor deficits

4. **Physical examination**  
 The school physical examination must be provided by the district medical director who is a physician or nurse practitioner duly licensed in New York State. The NYS Board of Medicine recommends that family

members who are medical professionals should not conduct physical examinations on their children. The student must be *separately and carefully examined*, with due regard for privacy and comfort (Education Law Article 19 §904.) Movable screens may be used for an examination area. The room, temperature, and lighting should be adjusted for the comfort of both examiner and examinee. School health professionals should use effective teaching and counseling skills to prepare students for the examination and to help them view it as an opportunity to learn more about their health.

The physical examination should be thorough and planned to allow sufficient time for direct health counseling between the examiner and the student (and, if present, between the examiner and the parent/guardian).

### **Physical examination procedure**

Before beginning the examination, the examiner should review the CHR, noting the following:

- Health history if not familiar with the student's health history;
- Defects found and notes made at time of previous examinations;
- Record of height & weight along with corresponding BMI and weight status category;
- Results of vision & hearing screenings;
- Results of scoliosis screening(s) if age appropriate;
- Immunization record; and
- Medical and dental reports.

Best practice is that another adult, such as the school nurse, is present for the examination. Students should remove all clothing except undergarments. This can be accomplished in stages for young or apprehensive students. Disposable drapes/capes may be provided as needed. Student dignity and privacy should be a priority. The physical examination should include a full body screening conducted as indicated in both a seated and supine position of the following:

**General appearance** – body habitus, development proportion; physical distress level, alertness, attention span; gait, posture; general nutrition; muscle tone, coordination, involuntary movements, mobility; speech and behavior patterns.

**Hair and scalp** – texture, quality, distribution, pattern of loss, nits, lesions.

**Skin** – color, temperature, texture, pigmentation, thickness, hygiene, eruptions, lesions, scars, nails, body piercings, tattoos, branding and scarring.

**Lymph glands** – size, shape, mobility, consistency, tenderness

**Head** – size, configuration, symmetry.

**Eyes** – external structures, alignment, extraocular movements; pupils, conjunctiva, sclera, cornea.

**Ears** – external structures, ear canal, tympanic membrane.

**Nose** – septum, mucosa, turbinate, shape, discharge.

**Mouth** – lips; oral cavity – mucosa, teeth, tongue, frenulum, gingiva, tonsils, palate, pharynx.

**Neck** –thyroid, trachea, range of motion.

**Cardiovascular** – auscultate for rate, rhythm quality of heart sounds; extra/abnormal sounds (i.e., murmurs, gallops); presence of normal pulses including lower extremity.

**Chest** – size, shape, symmetry of thorax; breasts.

**Lungs** – rhythm and quality of respirations; breath sounds.

**Abdomen** – organomegaly, masses, tenderness, bowel sounds

**Genitalia**– Visual inspection to determine Tanner developmental stage is only required for 7<sup>th</sup> and 8<sup>th</sup> graders who are seeking a waiver to be permitted to participate in high school level interscholastic athletics, or high school students seeking a waiver to participate in lower level interscholastic athletics. The medical director may choose to determine if this portion of the exam is necessary in other instances (e.g. student does not have their own medical provider; precocious puberty, developmental concerns).

Girls who have reached menarche do not require visual inspection for Tanner staging.

(See: <http://www.p12.nysed.gov/ciai/pe/documents/scrivised2005.pdf>)

Male: penis, scrotum, testes, and developmental stage (Tanner Scale), presence or absence of hernia or masses;

Female: developmental stage (Tanner Scale), pubic hair, breasts, age of onset of menses. Girls who have reached menarche do not require visual inspection for Tanner staging.

*Note: if a student of either gender refuses such an examination, the parent should be notified to arrange to have the examination done privately by the student's health care provider. Students should never be forced to undergo a health appraisal against their will. The examination must be completed in its entirety in order for 7<sup>th</sup> and 8<sup>th</sup> students to participate in high school level interscholastic athletics, or high school students seeking to participate in lower level interscholastic athletics. The medical director determines what constitutes a complete exam for all other students.*

**Musculoskeletal** – Muscle mass, tone and strength, general body size and symmetry; spine, posture; station and gait; extremities, joints; range of motion.

**Neurological** – mental status, speech/language, balance/coordination, motor, sensory, and reflexes as needed.

## **G. Health Counseling**

Student health examinations offer ideal opportunities to educate students about their health status, and any necessary follow up care. The examiner or a school nurse (who is an RN- counseling is outside the scope of practice for LPNs) can use these occasions to inform each student about his/her health assets and compliment the student on the best health behaviors demonstrated. Reinforcement of positive health behaviors also may increase the student's self-esteem and the value she or he places on wellness.

Health conditions, whether minor or major, are of deep concern to the individual. On-site health counseling, directly related to the identified issue, concern, or symptom is most effective. Printed information sheets on age appropriate topics can be useful. Students and parents/guardians can be helped to identify sources for arranging for follow up care. Ideally school health professionals should provide an opportunity for the student and the parents/guardians to discuss the results of the examination along with any impact on the student and their educational program.

## **H. Referral, Follow-through and Recording**

Following the examination, parents/guardians must receive a written notification of any health condition found by the examiner which may require follow up care by a medical provider (8NYCRR §§136.3 [a][2] and 136.3[d][4]). For students without a primary medical provider this is an opportunity for school health professionals to provide the family with community resources and a list of medical providers accepting patients, along with assistance with applying for medical insurance if needed. School health professionals should monitor whether the student receives follow up care from a health provider.

Information received from the student's medical provider should be reviewed by the medical director, or the school nurse (who is an RN- assessment is not in the scope of practice for LPNs) if designated in writing by the medical director to do so. Health information should be shared with appropriate staff only on a need-to-know basis, as determined by the school administration in consultation with the district medical director, with the intention to secure the child's health and welfare.

Any necessary program modifications and all pertinent data should be recorded on the student's CHR. If the examination has been requested by the district's Committee on Special Education (CSE), all pertinent information about the student's health status should be provided to the CSE.

## **I. Confidentiality**

Referral and follow-through procedures, record-keeping, and sharing information with the CSE, student personnel services, administrators, classroom teachers, and others involve issues of confidentiality. School administration determination of the “need to know” must be balanced against the individual’s right to privacy. School health records are considered educational records and are covered under the Family Educational Rights and Privacy Act (FERPA). Circulating protected health information lists, such as medical diagnoses’ of students to all personnel, is not an appropriate means of informing staff that there are students with special health care needs. Best practice is that the medical director or school nurse discuss pertinent student health needs with appropriate personnel and provide written emergency care plans.

Information on FERPA is available at

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

School health personnel and administration should be aware that private health providers follow confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA). As such, the private health provider may require written permission from the parent/guardian in order to share health information with the school. A joint HIPAA and FERPA document is available to clarify the laws and how they apply to schools. <http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

## **J. Religious Exemption**

Health certificates/appraisals will not be required where a student, the parent, or person in parental relation to the student, objects to the examination on the grounds that the examination conflicts with their genuine and sincere religious beliefs. A written and signed statement from the student, parent or person in parental relation to the student that they hold such beliefs must be submitted to the principal or the principal’s designee in which case the principal or principal’s designee may require supporting documents.

## II. Employment of Minors

School districts in New York State are responsible for issuing employment certificates to qualified applicants (Education Law Article 65). School superintendents have the authority to designate principals or other school officials to act as certificating officials. Detailed information on the application process is available at: <http://www.p12.nysed.gov/sss/pps/workingpapers/>

A Certificate of Physical Fitness must be presented to the certifying school official at the time of application.

- Acceptable documents certifying the student is fit to be employed are either a school mandated grade level health appraisal or health certificate, interscholastic athletic examination, or any other complete physical examination performed by a NYS licensed physician, nurse practitioner, or physician's assistant; or a Certificate of Physical Fitness (form AT-16) signed by a NYS licensed physician, nurse practitioner, or physician assistant.
- The physical exam must have been performed within one calendar year of the date of issuance by the school official.
- The physical examination states that the student is healthy, and there are no known health problems at the time of application, and that the applicant is physically qualified for lawful employment. If a known health problem exists at the time of the application, another physical examination may be required by the issuing authority (school), or the student may be issued a Limited Employment Certificate, which is valid for six months.  
More information on this can be found at:  
<http://www.p12.nysed.gov/sss/pps/workingpapers/employcertofficersmanual.html>
- The school district must provide the physical examination if the applicant requests. 8 NYCRR §136.3(a)(9)

### **III. Special Education**

A physical examination, in accordance with sections 903, 904, and 905 of Article 19 of Education Law, is required of all students referred for an initial evaluation (8 NYCRR sections 200.4 (b)(1)(i) and 200.16 (c)(2)) to a Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE) to determine if a student is a student with a disability as defined in 8 NYCRR section 200.1(zz) or a preschool student with a disability as defined in section 200.1(mm).

The physical examination may include a health certificate or appraisal, and/or reports from the student's primary medical provider or any other specialists who have recently examined the student. A physical examination provides important information to determine if a student has a disability and whether there are special education supports and services needed to address a student's physical needs. A CSE or CPSE may determine that other specialized physical examinations, such as ophthalmologic, neurological or audiological evaluations are needed.

A reevaluation, which occurs at least once every three years after a student is determined to be a student with a disability, is conducted to determine a student's continuing eligibility for special education, as well as the student's individual needs, educational progress and achievement, and ability to participate in instructional programs in general education. There is no requirement that a physical examination be included for every student's reevaluation. However, the CSE or CPSE may determine that a physical examination is necessary for a particular student.

## **IV. Physical Education Program**

### **A. Introduction**

The physical education (PE) program includes more than physical education classes. It includes intramurals, extramurals, and interscholastic sports. The health examination of a student requires an evaluation of the individual's health and a consideration of his or her functional ability, growth, and maturation. The sports evaluation is not simply a procedure to qualify or disqualify a student from participation. The wide variety of sports and their various physical requirements for contact sports, endurance sports, and those that emphasize skill allow district districts to provide some form of physical education program participation for everyone, even those with impaired health or developmentally challenged in physical fitness, size, or maturation. Many individuals are qualified for participation in any activity. Others, because of health conditions should be provided adaptive physical education designed to meet the student's needs.

All decisions regarding the ability of a student to participate safely in a given sport or activity should be individualized. In many cases the student's primary health provider should be involved and recommendations should be consistent with national standards of athletic participation. The district medical director (a NYS licensed physician or nurse-practitioner) must approve students to participate in interscholastic athletic activities. The administration should ensure that a student has been given due process, and that reasonable accommodations for safe participation are instituted as appropriate to allow every student to participate at their highest and safest level of ability.

### **B. Purpose**

Health examinations of students are performed for two reasons:

- To provide for the health and well being of the student. Knowledge of the student's physical status, functional ability, growth, and maturation is necessary to make a medical decision as to the level of participation.
- To identify significant health problems that may preclude safe and effective full participation, and may necessitate an adaptive/modified program.

### **C. Legislative background**

Boards of education are required to provide adequate health examination before participation in strenuous activity and periodically throughout the season as necessary, and to permit no pupil to participate in such activity without the approval of the school medical officer. [8NYCRR 135.1(7)(i)]

A school shall require the immediate removal from athletic activities of any pupil who has sustained, or who is believed to have sustained, a mild traumatic brain injury. In the

event that there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that the pupil has been so injured until proven otherwise. [8NYCRR136.5(d)(1)]

No such pupil shall resume athletic activity until the pupil has been symptom free for not less than twenty-four hours, and has been evaluated by and received written and signed authorization from a licensed physician; and for extra class athletic activities, has received clearance from the medical director to participate in such activity. [8NYCRR 136.5(d)(2)]

Extra-class periods of physical education (PE) means those sessions organized for instruction and practice in skills, attitudes, and knowledge through participation in individual, group, and team activities organized on an intramural, extramural, or interschool athletic basis to supplement regular physical education class instruction [8NYCRR 135.1(h)].

## **D. Procedures**

### **1. Physical Education**

Physical education is a skill course to develop the student physically, socially, and emotionally with an emphasis on physical fitness. Students are provided opportunities to improve their basic skills and advance to more challenging and complex skills. All students have this opportunity through regular class instruction. Students in grades K-12 with special needs, and/or students who are unable to participate in regular physical education classes for longer than two weeks, are to be provided an adaptive/modified PE program.

(See: <http://www.p12.nysed.gov/ciai/pe/documents/qa.pdf> , and <http://www.p12.nysed.gov/ciai/pe/documents/resource.pdf>)

Those students showing a greater degree of interest and ability should have enriched opportunities through intramural and interscholastic activities of the physical education program.

### **2. Interscholastic Athletics**

Medical examinations are required to protect the health and safety of the students before participation in strenuous activity and periodically throughout the season as necessary. All students must have the approval of the district medical director prior to participating in interscholastic athletics. The district medical director has the responsibility to determine the physical capability of a student to participate in interscholastic athletics in consultation with the student's primary medical provider and other specialists, the parents/guardians, the student, and the coaching staff. It is at the discretion of the medical director to accept a private provider's physical or to perform the examination of the student.

- The examination and approval of the district medical director should indicate the category or categories of interscholastic athletics in which the student may participate: contact/collision, limited contact, non-contact. Medical examinations may be scheduled at any time during the school year. The examination for interscholastic athletics is valid for qualifying a student's participation for a period of 12 continuous months- through the last day of the month in which the exam was conducted; and through the entire sports season, even if the exam's expiration is before the season is complete.  
(<http://www.schoolhealthservicesny.com/uploads/Sports%20Physicals%20Updated%20Information%2012-2000.pdf> )
- The athletic director should provide a list of all student athlete candidates to school health personnel before each sports season begins to verify that all athletes have been cleared to participate and have completed all health requirements for participation. After try outs are completed the final team roster should be given to school health personnel as a double check that the health requirements are met. Athletic and health services staff should work cooperatively to ensure eligible athletes are facilitated to participate and ineligible athletes are not allowed to participate until all clearances are finalized.
- Prior to participation in each athletics sports season, all students should be provided an interval athletic health history form (see Appendix B) to be completed and signed by the parent/guardian unless a physical exam has been completed within the last 30 days. The medical director or their designee (such designation should be in writing and the designee must be a licensed health professional whose scope of practice includes assessment- LPN's and athletic trainer's scopes of practice do not include assessment) should interview students with any interim health history which notes recent injury or illness.
- The interval athletic health history should be filed in the student's cumulative health record, and removed when no longer valid after one year. If any new or significant health information is recorded on the interval health history, the health history form should be maintained in the CHR so that it remains a part of the student's permanent health record.
- It is recommended that that an accident report is completed following any accident or injury occurring at an athletic event, and the school nurse, certified athletic trainer and/or medical director is notified by appropriate school staff.
- In accordance with the Concussion Management and Awareness Act, the law requires that students who sustained, or are suspected to have sustained, a concussion during athletic activities are to be immediately removed from such activities. Students may not return to athletic activities until they have been symptom-free for a minimum of 24 hours and have been evaluated by, receive written and signed authorization to return to activities from a licensed physician, and receive approval from the medical director. Such authorization(s) must be filed in the CHR.

- In any case where safe participation is in question as a result of the health history interview, an injury, an acute or chronic disability, or prolonged absence; medical director clearance must be obtained prior to resuming participation. Supporting documents from private medical providers should be submitted to the district medical director who may or may not require an additional medical examination, and who will render a medical recommendation as indicated. The administration should ultimately inform the parents of the district's decision and their rights of appeal. (*see section F on p.16, Limitations to Participation*)
- Schools with students in 7<sup>th</sup> or 8<sup>th</sup> grade who desire to play at a higher level or high school students who desire to play at the lower level should follow the guidelines for this process. Please see the following for details: <http://www.p12.nysed.gov/ciai/pe/documents/scrivised2005.pdf>.
- Students and parents/guardians are responsible for registering for athletic activities and providing the district with necessary health certificates from their primary medical provider if permitted by the policy of the district medical director. Not only is this system essential to the safe participation of athletes, but also those teams discovered to have student athletes participating without proper medical clearance are subject to possible disqualification by their governing athletic organization. Cooperation between the student, parents/guardians, school health personnel, and the athletic department will provide the maximum safeguard of checks and balances to ensure that only qualified individuals are allowed to participate in athletic competition. Any student who fails to provide necessary documentation and completion of all health requirements must not be granted clearance to play.

## **E. Health appraisal recommendations**

An athletic health appraisal must include, but not be limited to:

1. Physical Examination (Appendix A)–required annually for the student wishing to participate in the school’s interscholastic athletic program.
2. Interval athletic health history (Appendix B) – required for the student wishing to participate in additional seasons of interscholastic athletics who has had a physical exam that school year.

*NOTE: Special attention to previous injuries, chronic diseases, loss of one of a paired organ, and any other condition/disability that would be aggravated by sports participation (e.g., knee sprain, asthma, heart murmur) should be included in the history and evaluated by the medical director.*

## **F. Limitations to Participation**

An athlete may not be approved to participate by the medical director due to: an incomplete health appraisal, or due to health impairment and/or the student's physical maturation level. Whenever there is disagreement between a private health care provider and the district medical director, efforts should be made by both parties to come to agreement for the health and safety of the student athlete. In these cases, primary concern should be on allowing an athlete to participate to the fullest level of their potential safely, and neither the demands of parents, athletes, or coaches should confound that focus. However, Education Law, Section 3208(a) provides a due process procedure to students or their parents/guardians to petition the courts for relief from a school district's exclusion of the student from participation in an athletic program. This includes participation in intramural activities, interscholastic activities, extramural activities, and organized practice. In the event of such disqualification, school authorities should advise the parents and the student of the availability of this process. The court may then grant such a petition if it is satisfied that it is in the best interest of the student to participate in an athletic program and that it is reasonably safe to do so.

## V. Resources

New York State Education Department Physical Education Program Tool Kit  
<http://www.p12.nysed.gov/ciai/pe/toolkit.html> accessed 1-28-14

American Academy of Pediatrics Policy Statement, *Medical Conditions and Sports Participation*  
<http://pediatrics.aappublications.org/content/121/4/841/T2.full> accessed 1-28-14

New York State Education Department- Health Services  
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/> accessed 1-28-14

New York Statewide School Health Services Center  
[www.schoolhealthservicesny.com](http://www.schoolhealthservicesny.com) accessed 1-28-14

New York State Public High School Athletic Association (NYSPHAA) Handbook  
<http://www.nysphsaa.org/NYSPHSAHandbook/> accessed 1-28-14

Bright Futures and American Academy of Pediatrics sample health history forms  
[http://brightfutures.aap.org/tool\\_and\\_resource\\_kit.html](http://brightfutures.aap.org/tool_and_resource_kit.html) accessed 1-28-14

**STUDENT HEALTH EXAMINATION FORM** (To be completed by private health care provider or school medical director)

**Note:** NYSED requires an annual physical exam for new entrants and students in Grades pre-K or K, 2, 4, 7 & 10, interscholastic sports and working papers

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F  
 School: \_\_\_\_\_ Grade:  NA Exam Date: / /

HEALTH HISTORY			
<b>Specify Current Diseases</b>	Sickle Cell Screen: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done	Date: ___/___/___	
<input type="checkbox"/> Asthma ( <input type="checkbox"/> Intermittent or <input type="checkbox"/> Persistent)	PPD: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done	Date: ___/___/___	
Quick relief inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevated Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Done	Date: ___/___/___	
Asthma Action Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Done	Date: ___/___/___	
<input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> Allergies - See page 2 for details.		
<input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Hypertension			
<input type="checkbox"/> Other: _____			
Significant Medical/Surgical Information: _____			

PHYSICAL EXAMINATION				
Height: _____	Weight: _____	BP: _____	Pulse: _____	Respirations: _____
<b>Scoliosis:</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive	<b>Vision:</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>
Degree of deviation: _____	Distance acuity			<input type="checkbox"/> Yes <input type="checkbox"/> No
Angle of trunk rotation via scoliometer: _____	Distance acuity with lenses			
<b>Body Mass Index:</b> _____ - _____	Vision - near vision			
Weight Status Category (BMI Percentile):	Vision - color perception	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<input type="checkbox"/> <5th <input type="checkbox"/> 85 <sup>th</sup> - 94 <sup>th</sup>	<b>Hearing:</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>
<input type="checkbox"/> 5 <sup>th</sup> - 49 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> - 98 <sup>th</sup>	<input type="checkbox"/> 20 db sweep screen both ears or			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 50 <sup>th</sup> -84 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> & higher	Circle developmental stage (ONLY for selection classification for 7th & 8th graders): Tanner: I. II. III. IV. V.			
<input type="checkbox"/> SYSTEM REVIEW AND EXAM ENTIRELY NORMAL				
Specify any abnormalities: _____				
<input type="checkbox"/> See attached.				

RECOMMENDATIONS OR RESTRICTIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK
<input type="checkbox"/> Free from contagions and physically qualified for all activities (phys ed, athletics, playground, work, school)
<input type="checkbox"/> Expected Body Contact (full or limited): football, wrestling, basketball, ice/field/floor hockey, baseball, softball,
<input type="checkbox"/> Strenuous: cross-country, gymnastics, track & field, swim, diving, crew, ski, cheering, tennis, badminton, fencing,
<input type="checkbox"/> Non-contact/Non-strenuous: bowling, golfing, table tennis, archery, riflery, shuffleboard, walking
<input type="checkbox"/> Protective Equipment: <input type="checkbox"/> Athletic Cup <input type="checkbox"/> Sport/safety goggles <input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical/prosthetic device: _____
<input type="checkbox"/> Recommendations/restrictions: _____

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

**MEDICATIONS**

**To be completed by Health Care Provider**

Diagnosis	ICD Code	Medication Name	Dose	Route	Time	Self Directed*	Self Admin/ Self Carry**
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**\*Self Directed:** I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately, and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently

**\*\*Self Admin/Self-Carry:** I have determined this student is consistent and responsible in taking their own medication (self-directed), and in addition, give them permission to self-carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

**To be completed by Parent/Guardian if medication is prescribed**

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/package with my child's name on it.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Parent permission & provider consent is required for students to self-administer & self-carry medication. Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**ALLERGIES**

None                       Non Life-Threatening                       Life-Threatening

Type: Food Insect Latex Medication Seasonal/Environmental Other:

Specify allergen(s): \_\_\_\_\_

Specify previous symptoms: \_\_\_\_\_ History of anaphylaxis; last occurrence: \_\_\_\_\_

Emergency Care Plan for anaphylaxis:  Yes  No

Treatment prescribed: None Antihistimine Epinephrine Autoinjector

**IMMUNIZATIONS**

Immunization record attached

Immunizations reported on NYSIIS

No immunizations received today

Immunizations received today:

Will return on \_\_\_/\_\_\_/\_\_\_ to receive:

**Provider / Parental Authorization**

**All information contained herein is valid through the last day of the month for 12 months from the date below.**

Medical Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Name: (please print) \_\_\_\_\_

Phone #: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This information will be shared on a need to know basis to protect the health and safety of your student.

**Return to:**

School Nurse: \_\_\_\_\_

School: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX B

Sample Recommended Form

**PRE-PARTICIPATION/INTERVAL ATHLETIC HEALTH HISTORY – Two Page Form**

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade (check):  7  8  9  10  11  12

Sport: \_\_\_\_\_ Level (check):  Varsity  JV  Frosh  Jr. High

Date of last health exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Limitations:  Yes  No Date form completed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health History to be completed by parent/guardian**

Answer questions below to indicate if your child has or has ever had the following and provide details to any yes answer on back:

Question	YES	NO
Has a doctor or nurse practitioner (a health care provider) ever restricted his/her participation in sports for any reason?		
Does s/he have an ongoing medical condition? Please check below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/> Sickle Cell trait or disease		
Has s/he ever had surgery?		
Has s/he ever spent the night in a hospital?		
Does s/he have a life threatening allergy? Please check below: <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect bites <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Other		
Does s/he carry an Epi-pen (epinephrine)?		
Has s/he ever passed out during or after exercise?		
Has s/he ever complained of light headedness or dizziness during or after exercise?		
Has s/he ever complained of chest pain, tightness or pressure during or after exercise?		
Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?		
Has a health care provider ever ordered a test for his/her heart? (ex. EKG, echocardiogram, stress test)		
Has s/he been told s/he has a heart condition or problem?		
Has s/he ever had high or low blood pressure?		
Has s/he ever complained of getting more tired or short of breath than his/her friends during exercise?		
Does s/he wheeze or cough frequently during or after exercise?		
Has a health care provider ever said s/he has asthma?		
Does s/he use or carry an inhaler or nebulizer?		
Has s/he ever become ill while exercising in hot weather?		
Is s/he on a special diet or have to avoid certain foods?		
Does s/he worry about their weight?		

Question	YES	NO
Does s/he have stomach problems?		
Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?		
Does s/he ever have headaches with exercise?		
Has s/he ever had a seizure?		
Is s/he currently being treated for a seizure disorder or epilepsy?		
Has s/he ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
Has s/he ever an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
Does s/he use a brace, orthotic or other device?		
Does s/he have any problems with his/her hearing or wear hearing aides?		
Does s/he have any problems with his/her vision or have vision in one eye only?		
Does s/he wear glasses or contacts?		
Has s/he ever had a hernia?		
Does s/he have only 1 functioning kidney?		
Does s/he have a bleeding disorder?		
<b>Females Only</b>	<b>YES</b>	<b>NO</b>
Has she had her period? At what age did it begin? _____		
How often does she get her period?		
Date of last menstrual period _____		
<b>Males Only</b>	<b>YES</b>	<b>NO</b>
Does he have only one testicle?		
<b>Family History</b>	<b>YES</b>	<b>NO</b>
Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		



**Medical Certificate of Limitations**

**Directions:** Please check the activity and level of activity in which the student may participate during physical education. Add any comments as appropriate.

<b>Activity</b>	<b>Full Participation</b>	<b>Limited Participation</b>	<b>No Participation</b>	<b>Adapted PE</b>	<b>Comments</b>
Ballroom Dance					
Line Dance					
Folk Dance					
Square Dance					
Hip-hop Dance					
Modern Dance					
Creative Dance					
Step Aerobics					
Aerobics					
Pilates					
Tae Bo					
Circuit Training					
Upper body exercises					
Lower body exercises					
Weight Training					
Archery					
Golf					
Tennis					
Badminton					
Table Tennis					
Frisbee Golf					
Handball					
Bowling					

Basketball					
Field Hockey					
Floor Hockey					
Lacrosse					
Soccer					
Team Handball					
Ultimate Frisbee					
Water Polo					
Water Volleyball					
Softball					
Kickball					
Pickleball					
Paddleball					
Volleyball					
Wall Climbing					
Wrestling					
Camping Skills					
Backpacking					
Canoeing					
Kayaking					
Orienteering					
X-Country Skiing					
Snowshoeing					
Fly Fishing					
Biking					
Project Adventure					
Swimming					

Lifeguarding					
Scuba/Snorkeling					
Water aerobics: Deep water Shallow water Water Jogging					
Water Safety					
Roller skate/ Roller blade					
Research Projects*					
Sport Officiating					
Reading Assignments*					
Wii Sports					
Wii Fitness					
<b>*As Physical Education is a skill performance course, these activities may only be used on a very limited, short term basis.</b>					

I recommend that the student \_\_\_\_\_ be enrolled in a(n):

- \_\_\_ adapted physical education program
- \_\_\_ regular physical education program with modifications
- \_\_\_ regular physical education program

Dates of limitation duration: from \_\_\_\_\_ until \_\_\_\_\_

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This will meet the needs of his/her medical limitations per the indications on the chart above.

Medical Provider signature \_\_\_\_\_

Date \_\_\_\_\_

*8NYCRR 135.4(c)(3) Attendance*  
*(i) All pupils shall attend and participate in the physical education program as approved in the school plan for physical education and as indicated by physicians' examinations and other tests approved by the Commissioner of Education. Individual medical certificates of limitations must indicate the area of the program in which the pupil may participate.*